School-Related Student Trip Request Form

SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO THE TRIP.

SCHOOL __SCMS__ FACULTY MEMBER(S) SPONSORING TRIP __Braudon Johnson__

TYPE OF TRIP (CHECK ONE):

☐ Classroom Field Trip   ☐ Class Trip (i.e., junior, senior), specify _____

☒ Organization/Club Trip, specify __Band__   ☐ Other (athletic, band) if applicable)

DESTINATION __OC Arts Center__   ADDRESS __7105 Floydsburg Rd. Crestwood, KY 4004__ PHONE __502-241-6018__

☐ Out of State ☒ Out of County ☐ Within County

☐ Overnight: give name, address, phone of lodging ____n/a____

DATE(S) OF TRIP __11/30/2018__   DEPARTURE TIME __9:00__ RETURN TIME __2:00__

PURPOSE/EDUCATIONAL VALUE

__KMEA 5th District Honor Band Auditions__

SOURCE OF FUNDING FOR TRIP __Band Account__

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

BILL TRIP EXPENSES TO:

☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER, SPECIFY _____

NUMBER OF STUDENTS __30__   FACULTY SPONSORS __1__   OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS __31__

MODE OF TRANSPORTATION

IS DISTRICT TRANSPORTATION NEEDED? ☒ NO   ☐ YES, SEE PROCEDURE 09.36 AP.212.

☒ CERTIFICATED COMMON CARRIER; SPECIFY __Jefferson Transportation__

☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

SUPERVISION (Attach list of names of adults accompanying students on trip.)

Have all chaperones undergone the required records AOC check and been designated by the principal/designee to supervise students?   ☐ YES ☐ NO

_____   __11/6/2018__
Signature of Faculty Sponsor   Date

Trip has been ☐ approved ☐ disapproved. Reason for disapproval _____

_____   __11/6/18__
Signature of Superintendent/Designee   Date

For overnight and/or out-of-state trips, approval of the superintendent and/or Board may be required by policy 09.36.

FIELD TRIP CHARGES

$.93 per mile
Regular hourly rate for driver, plus overtime if driver's hours exceed 40 per week

Meals provided by sponsor: ☐ Yes   ☐ No

Admission to event provided by sponsor: ☐ Yes ☐ No

Send copy to lunchroom: ☐ Yes   ☐ No
Bus limits: 2 persons per seat

Overnight lodging : Single room
Driver time starts 15 min. before departure and ends 15 min. after arrival
Driver requested: 1. _____   2. _____   Number of buses requested: _____

White Copy - Central Office   Yellow Copy - Bus Driver   Pink Copy - School Sponsor